

## Community Pathways Waiver – **Current Services**

Service Type: Other Service

Service (Name):

Alternative Service Title: **COMMUNITY LEARNING SERVICES**

HCBS Taxonomy:

Check as applicable

☐ Service is included in approved waiver. There is no change in service specifications.

☒ Service is included in approved waiver. The service specifications have been modified.

☐ Service is not included in the approved waiver.

### **Service Definition:**

- A. Community Learning Services are predicated on the belief that all individuals with developmental disabilities can work when given opportunity, training, and supports that build on an individual's strengths. Services shall increase individual independence and reduce level of service need.
- B. Community learning services are:
- 1) Developed through a person centered planning process and provided in accordance with the individual's IP; which shall include annual assessment of and progress towards the individual's employment goals;
  - 2) Provided in community settings with non-disabled individuals except in the case of self-advocacy groups;
  - 3) Provided in groups of no more than four (4) individuals with developmental disabilities, all of whom have similar interests and goals as outlined in their person-centered IP except in the case of self-advocacy groups;
  - 4) Specific, individualized, and goal-oriented;
  - 5) Promote positive growth and/or assist individuals in developing the skills and social supports necessary to gain, retain or advance in employment;
  - 6) Provide activities, special assistance, support, and education to help individuals whose age, disability, or circumstances currently limits their ability to be employed and/or participate in activities in their communities; and
  - 7) Assessed on an ongoing basis and reviewed annually or with greater frequency at the request of the individual, their family, or guardian.
- C. Community learning services that lead to or increase employment may include:
- 1) Self-determination or self-advocacy training;
  - 2) Workshops and classes;
  - 3) Peer mentoring;

- 4) Volunteer activities; and
- 5) Activities that promote health and socialization.
- D. Retirement planning/activities.
- E. Transportation to and from Community Learning Services will be provided or arranged by the licensed provider and funded through the rate system. The licensee shall use the mode of transportation which achieves the least costly, and most appropriate, means of transportation for the individual with priority given to the use of public transportation when appropriate.

**Specify applicable (if any) limits on the amount, frequency, or duration of this service:**

- A. Community Learning services:
  - 1) Are for individuals not working who want alternatives to facility based supports or are currently limited in their employment due to disability, age, or circumstances.
  - 2) Shall be integrated in community settings that improve communication, social skills, health and/or increase their employment or chances of becoming employed.
  - 3) Shall be provided in lieu of day habilitation services.
  - 4) A participant's service plan may include a combination of: Supported Employment, Employment Discovery Customization, Community Learning Services and Day Habilitation.
  - 5) A day is comprised of one unit of service.
- B. To be approved, add on and supplemental services must be the most "cost effective," which is the service that is available from any source, is least costly to the State, and reasonably meets the identified need.
- C. Payment for services is based on compliance with billing protocols and completed supporting documentation are required as proof of delivery of services as required by the DDA.
- D. No services will be provided to an individual if the service is available to them under a program funded through section 110 of the Rehabilitation Act of 1973 or section 602(16) and (17) of the Individuals with Disabilities Education Act (20 U.S.C. 1401(16 and 17)).
- E. Participants self-directing services may utilize a family member to provide services under the following conditions:
  - 1. A family member may be the paid employee of an adult participant, if the participant's IP establishes that:
    - a. choice of provider truly reflects the individual's wishes and desires;
    - b. the provision of services by the family member are in the best interests of the participant;
    - c. the provision of services by the family member or guardian are appropriate and based on the participant's individual support needs;
    - d. the services provided by the family member or guardian will increase the participant's independence and community integration; and
    - e. there are documented steps in the IP that will be taken to expand the participant's circle of support so that they are able to maintain and improve their health, safety, independence, and level of community integration on an ongoing basis should the family member acting in the capacity of employee be no longer available.

2. A family member of an adult participant may not be paid for more than 40-hours per week of services.
3. Family members must provide assurances that they will implement the participant's IP as approved by DDA in accordance with all federal and State laws and regulations governing Medicaid, including the maintenance of all employment and financial records including timesheets and service delivery documentation.

**Service Delivery Method (check each that applies)**

☒ Participant Directed as specified in Appendix E

☒ Provider Managed

**Specify whether the service may be provided by (check all that applies):**

☐ Legally Responsible Person

☒ Relative

☒ Legal Guardian

**Provider Specifications:** (Instructions list the following for each type of provider that can deliver the services):

Provider Category	Provider Type Title
Agency	Licensed Day or Vocational Service Providers as per COMAR 10.22.02 and 10.22.07
Individual	Individual - For self-directed services
Agency	DDA Certified Organized Health Care Delivery System (OHCDs) Provider as per COMAR 10.22.20

**Provider Specifications for Services**

**Provider Category:** Agency

**Provider Type:** Licensed Day or Vocational Services Provider as per COMAR 10.22.02 and 10.22.07

**Provider Qualifications**

**License (specify):**

Licensed Day or Vocational Service Provider as per COMAR 10.22.02 and 10.22.07

**Certificate (specify):**

Staff must possess current first aid and CPR training and certification.

**Other Standard (specify):**

DDA Community Learning Services Site Waiver

Staff must:

- A. Be trained on person-specific information (including preferences, positive behavior supports, when needed, and disability-specific information).
- B. Possess current first aid and CPR training and certification.
- C. Successfully pass criminal background investigation.

**Verification of Provider Qualifications Entity****Responsible for Verification:**

- OHCQ for DDA license
- DDA for Community Learning Services site waiver

**Frequency of Verification:**

- Annual for license and site waiver

<b>Provider Category:</b> Individual
--------------------------------------

**Provider Type:** Individual for self-directed services

**Provider Qualifications****License (specify):****Certificate (specify):**

Possess current first aid and CPR training and certification.

**Other Standard (specify):**

For self directed services, Direct Hire Support Staff must:

1. Be trained by individual/family on person-specific information (including preferences, positive behavior supports, when needed, and disability-specific information).
2. Possess current first aid and CPR training and certification.
3. Successfully pass criminal background investigation.
4. Sign a provider agreement verifying qualifications and articulating expectations and include time limits and parameters for termination when an individual's health, welfare and/or well-being are in jeopardy.

Participants self-directing services may utilize a family member to provide services under the following conditions:

1. A family member may be the paid employee of an adult participant, if the participant's IP establishes that:
  - a) choice of provider truly reflects the individual's wishes and desires;
  - b) the provision of services by the family member are in the best interests of the participant;
  - c) the provision of services by the family member or guardian are appropriate and based on the participant's individual support needs;
  - (1) the services provided by the family member or guardian will increase the participant's independence and community integration; and
  - (2) there are documented steps in the IP that will be taken to expand the participant's circle of support so that they are able to maintain and improve their health, safety, independence, and level of community integration on an ongoing basis should the family member acting in the capacity of employee no longer be available.

Please note that all provider qualifications are subject to approval by DDA or its agent.

#### **Verification of Provider Qualifications Entity**

##### **Responsible for Verification:**

Fiscal Management Services providers  
Coordinators of Community Service for the use of a family member as a provider

##### **Frequency of Verification:**

FMS for self directed services initial and annually for staff requirements  
Coordinators of Community Service during annual team meeting

<b>Provider Category:</b> Agency
----------------------------------

**Provider Type:** DDA Certified Organized Health Care Delivery System (OHCDS) Provider as per COMAR 10.22.20

##### **Provider Qualifications License (specify):**

Licensed Vocational or Day service providers as per COMAR 10.22.02 and 10.22.07

##### **Certificate (specify):**

DDA certified Organized Health Care Delivery System Provider as per COMAR 10.22.20  
Staff must possess current first aid and CPR training and certification.

##### **Other Standard (specify):**

For self-directed services, the employee must:

1. Be trained on person-specific information (including preferences, positive behavior supports, when needed, and disability-specific information).
2. Possess current first aid and CPR training and certification.
3. Successfully pass criminal background investigation.
4. Sign a provider agreement verifying qualifications and articulating expectations and include time limits and parameters for termination when an individual's health, welfare and/or well-being are in jeopardy.

Participants self-directing services may utilize a family member to provide services under the following conditions:

1. A family member may be the paid employee of an adult participant, if the participant's IP establishes that:
  - a) choice of provider truly reflects the individual's wishes and desires;
  - b) the provision of services by the family member are in the best interests of the participant;
  - c) the provision of services by the family member or guardian are appropriate and based on the participant's individual support needs;
  - d) the services provided by the family member or guardian will increase the participant's independence and community integration; and
  - e) there are documented steps in the IP that will be taken to expand the participant's circle of support so that they are able to maintain and improve their health, safety, independence, and level of community integration on an ongoing basis should the family member acting in the capacity of employee no longer be available.

Please note that all provider staff qualifications are subject to approval by DDA or its agent.

### **Verification of Provider Qualifications**

#### **Entity Responsible for Verification:**

OHCQ for DDA license

Fiscal Management Services provider

DORS for Deemed Approval

Coordinators of Community Service for use of family member as a service provider

#### **Frequency of Verification:**

License - annually

OHCDS - certification Initial

FMS for self directed services initial and annually for staff requirements

Coordinators of Community Service during annual meeting